

# California Department of Corrections

## Financial Information Memo

<b>SUBJECT:</b>	<b>FIM NUMBER:</b>
OFFICE REVOLVING FUND REPLENISHMENT	<b>2005-01</b>
<b>REFERENCES:</b>	<b>DATE: January 28, 2005</b>
CALSTARS Operations Memo State Controller's Office Memorandum Dated December 15, 2004	

### **DISTRIBUTION**

Regional Accounting Offices  
Accounting Management Branch  
HASS Payables Section  
HASS Cash and Fiscal Management Section  
Capital Outlay Accounting Section  
Inmate Welfare Fund/Trust Accounting

### **PURPOSE**

This Financial Information Memo announces the California Department of Corrections (CDC) participation in the pilot phase of the new Office Revolving Fund (ORF) Replenishment process. The pilot phase begins immediately and continues through February, 2005. The production phase begins March 1, 2005, unless CALSTARS announces differently. Pilot users will simply continue using the process as implemented or as may be adjusted.

### **BACKGROUND**

The State Controller's Office (SCO) December 15, 2004 memorandum, in part, announced a new process for paying agencies' Office Revolving Fund (ORF) replenishment claim schedules. This FIM addresses ONLY the ORF replenishment process announced in that memorandum.

The Department of Finance – CALSTARS announced a pilot process to implement the SCO's ORF replenishment process. All California Department of Corrections (CDC) accounting offices will participate in the pilot process, which will occur beginning immediately and continue through February, 2005. The process will be extended to all agencies beginning March 1, 2005, unless irresolvable issues arise. For pilot agencies, the process will transition without a break from the pilot process to the production process.

A draft CALSTARS Operations Memo (COM) (attached) was forwarded for your review in December, 2004. The draft COM contains the basic procedures for activity related to the new replenishment process, and includes a new claim schedule form STD. 219. The final COM will be issued after the pilot phase completes.

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### **DISCUSSION**

The new process allows agencies to submit ORF replenishment claim schedules with their checking account number as the payee. When that occurs, the SCO will pay that claim schedule with a journal entry (JE) instead of issuing a warrant. You can use the CALSTARS automated claim schedule or a manual claim schedule to replenish your ORF, each subject to the requirements identified below.

For replenishment claims for which you use automated claim schedule Transaction Codes (TC), you must use the new Checking Account Vendor Number/Suffix described in the draft COM. Use of that Vendor Number will cause CALSTARS to print the automated face sheet as displayed in the draft COM. It will also suppress creation of the Remittance Advice, which will not be required for these claims.

For replenishment claims for which you use individual vendor numbers, use the manual claim schedule TCs, and use the new manual claim schedule form STD. 219 (attached). A master of STD. 219 has been previously emailed to CDC Accounting Offices. Using the format described in the draft COM, you can complete and print each manual claim on your computer. The process requires NO Remittance Advice.

The SCO will issue a Journal Entry (JE) to pay the claim, transferring the funds from your appropriation to your bank account. The JEs (SCO TC 48) will be roped out daily to your CALSTARS printer, and the JE number will be the claim schedule number. The SCO will not issue a CD 102 after payment of claims using this process; however the automated CD 102 entry will be done through CALSTARS.

The JE needs to be provided to whomever in your office records receipts. Use the standard ORF reimbursement entry (TC 178) to record the JE, and the JE number as the Current Document number.

Advise your bank reconciliation desk that they will now see many more deposits on the bank statement, as each replenishment JE will appear as a deposit.

Regional Accounting Offices (RAO) that process travel claims for Central Office units and use the manual claims for replenishment must use the new STD. 219 to create the replenishment claim. Enter the RAO bank account number, and the correct Headquarters appropriation information to complete the claim. Send the claim and required backup to Headquarters Accounting Services Section (HASS) as you do now. After HASS processes the claim, the SCO will replenish the RAO account by JE, but the JE will be sent to HASS. HASS will then forward the JE to the respective RAO. The entries will appear on the RAO bank statement.

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The RAOs that enter replenishment claims into Org. 5280 should use the replenishment account Vendor Number and suffix assigned to the RAO. HASS staff will enter those Vendor Numbers into Org. 5280. Remember that, for any given replenishment claim, you can use either the automated claim process or the manual claim process, using the instructions for each as appropriate.

### **ACTION REQUIRED**

Establish a Vendor Number AAAAAAAAAA for the bank account in which you have the ORF, using the suffix identified below. Use this Vendor Number/Suffix for automated replenishment claims on which you normally use the ORF Vendor Number. See the draft COM for important instructions regarding table format. The Vendor Number suffixes are assigned as follows:

Suffix 70	HASS 5280	75	North Coast 5285
71	Corcoran 5281	76	Central Coast 5286
72	El Centro 5282	77	Southern California 5287
73	Bakersfield 5283	78	Central Valley 5288
74	Sacramento 5284	79	HASS 5280

Begin the ORF replenishment process immediately, and continue after the pilot phase is over. Any identified changes will be relayed to you promptly.

During the pilot phase, accounting offices should monitor activity using the new process, and report any issues that arise to the Accounting Policies and Procedures Section (APPS). APPS will address issues to CALSTARS on behalf of the Department.

If you have further questions regarding this FIM, or if you need an electronic copy of the STD. 219, please contact Paul Thatcher, Chief, Accounting Policies and Procedures Section/Capital Outlay Accounting at (916) 322-6051.

### ***ORIGINAL SIGNED BY***

DAVID LEWIS  
Deputy Director (A)  
Financial Services Division

### **Attachments**

cc: William B. Dougherty, Accounting Management Branch  
Kim Garcia, Regional Accounting – North  
Tim Gilpin, Regional Accounting – South  
Richard Flores, IWF/Trust Accounting  
Marjul Pawelczyk, Regional Accounting  
Myong Oleson, Regional Accounting

STATE OF CALIFORNIA												(Do not write in this space)				
REPLENISHMENT CLAIM SCHEDULE												TC-48				
STD. 219 (TREASURY TRUST) (REV 02-04)																
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	AGENCY NO.		AGENCY NAME													
APPROPRIATION	YR. OF STAT	METH	REFERENCE/ITEM	SEQ.	FFY	CHAPTER	STATUTES									
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								OBJECT						AUDIT CODE	SCH. TYPE	
Payable TO:																
AGENCY CHECKING ACCOUNT NUMBER																
		INFORMATION								AMOUNT						
		REPLENISHMENT CLAIM  REVOLVING FUNDS CHECKS ISSUED														
I hereby certify under penalty of perjury as follows:									TOTAL OF SCHEDULE						SIGN	CALC.
"That I am a duly appointed, qualified, and acting officer of the herein named state agency, department, board, commission, office, or institution; that the within claim is in all respects true, correct, and in accordance with law; that the services mentioned herein were actually rendered and supplies delivered to the state agency in accordance with the contract and law; that authorizations for purchases have been duly obtained wherever required and that amounts claimed and articles delivered comply therewith; that the amounts of any refunds to claimants indicated herein were received from such claimants by the herein named agency in excess of that legally due it under the law, or are otherwise lawfully due such claimants; that all of the expenditures herein set forth are in accordance with the current budget allotments and provisions as approved by the Budget Division of the State Department of Finance, and that none of the expenditures are in excess thereof; that there has been full compliance with all provisions or restrictions in the budget act or any other appropriation relating to expenditures herein; that the claimants named herein are each entitled to the amount specified opposite their respective names and actually have been paid or will be paid as allowed when warrant is received from the State Controller; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code, in incurring the items of expense mentioned in the attached claim, or in any other way; that any disaster service worker for whom compensation or reimbursement for expenses incurred is claimed herein has, if required by law, taken, subscribed, and filed the oath set forth in Section 3103 of the Government Code."											PURCH.		CONTR.			
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											AUDITED		APPR. PAY.			
											F/A BA. OK					
SIGNED											TITLE		DATE			
APPROVED (IF REQUIRED)																



	<b>No. 04-xx</b>
<b>Subject:</b> New Office Revolving Fund (ORF) Replenishment Process	<b>Date Issued:</b> xx/xx/2004
<b>References:</b>	<b>Expires:</b> xx/xx/XXXX

### **PURPOSE:**

This COM introduces a new simplified process for electronic replenishment of an agency's Office Revolving Fund (ORF) through the State Controller's Office (SCO). SCO will electronically transfer funds directly into an agency's bank account to replenish the ORF. Agencies will no longer have to deposit ORF warrants into their checking accounts.

### **BACKGROUND:**

The old procedure for reimbursing the ORF is described in SAM sections 8100 and 8400. Agencies are currently required to submit a Claim Schedule, STD. 218, and a Remittance Advice(s) (RA), STD 404, to the SCO. The payee on the claim schedule face sheet is the agency name. SCO then issues a warrant payable to the agency as well as a Notice of Claims Paid (CD102). Upon receipt of the warrant, the agency deposits the warrant into their checking account. The CD102 information is then used to clear the outstanding Claims Filed document in CALSTARS and record payment of the claim schedule.

In the past, the term 'reimbursement' was used in lieu of 'replenishment' when referring to the ORF. The SCO prefers the term 'replenishment'. In the future, the term 'replenishment' will be used when referring to the ORF.

### **OVERVIEW OF THE NEW PROCESS:**

Funds are electronically transferred directly into an agency's checking account using the new ORF Replenishment process. Agencies will continue to submit claim schedules to the SCO, but will not be required to submit RAs. The payee on the claim schedule face sheet will be the agency checking account number in lieu of the agency name. SCO will electronically transfer funds into the designated agency checking account. SCO will issue a JE instead of a warrant for each claim schedule paid. Agencies will no longer have to deposit ORF warrants into their checking account. SCO will not issue Notices of Claims Paid (CD102s) to agencies; however, CALSTARS will continue to create automated TC 362 transactions to record payment of the ORF claim schedules through the existing automated process.

Agencies will use the JE issued in lieu of the ORF warrant as the source document to record the ORF transfer of cash. The JE number will be the claim schedule number. The transfer of funds into the agency checking account will be displayed on the Centralized Treasury Trust System Account Statement with the claim schedule listed as the deposit number.

### **REQUIRED ACTIONS**

Use of the new ORF Reimbursement process is optional. Agencies may follow their current processes or may choose to participate in the electronic process by following the procedures in Attachment I.

## ATTACHMENT I

Both automated and manual claim schedules may be used to schedule electronic replenishment of the ORF. The sections below include procedures related to automated claim schedules, manual claim schedules, and information about the overall process.

### ELECTRONIC ORF REPLENISHMENT PROCESS - AUTOMATED CLAIM SCHEDULES

1. Establish an ORF replenishment vendor number for each agency checking account number. Use Vendor Number AAAAAAAAAA with a Vendor Suffix within the range of 70 thru 79. The ORF replenishment vendor number provides the agency checking account number that is printed on the claim schedule face sheet.

The Vendor Name must include the agency checking account number and must be keyed in the **exact** format as shown below:

#### **AGENCY CHECKING ACCT NBR: XXX**

Note the following:

- ★ **XXX** is the agency checking account number.
  - ★ The numeric values must be greater than zero.
  - ★ One space must be keyed between the colon and the checking account number.
  - ★ If the Vendor Name is not in this exact format, a "V27" - "INVALID ORF VEN NAME" error message is issued.
2. Use the ORF replenishment Vendor Number/Suffix when entering the reimbursement claim schedule transactions. With the exception of the Vendor Number, the claim schedule process is the same. For example, the same transaction codes are used (TC 231, etc) when keying transactions, and the same Std. 218 Claim Schedule face sheet is used when printing claim schedules. Refer to Exhibit I for an example of the automated ORF replenishment claim schedule.

**Note:** Only one checking account number (Vendor Number AAAAAAAAAA / Suffix 70 thru 79) may be entered per batch. If an additional vendor number is keyed in the same batch, a "B36 - NO MIX OF ORF REIMB" online error message is displayed.

RAs (W06) are not created for ORF replenishment claim schedules.

### ELECTRONIC ORF REPLENISHMENT PROCESS - MANUAL CLAIM SCHEDULES

1. Obtain a STD 219 form (Replenishment Claim Schedule) on the Department of General Services' website at:

<http://www.osp.dgs.ca.gov/StandardForms/Default.htm>.

If this form is not available, contact Dorothy Cottrill at the State Controller's Office at (916) 445-2568 to obtain a copy of the form.

## ATTACHMENT I

2. Complete the STD 219 with the same information normally included in a manual claim schedule. Ensure that the Agency Checking Account Number is included in the appropriate space on the Std. 219 form. Do not include a payee (agency name). Refer to Exhibit II for an example of the manual ORF replenishment claim schedule (Std. 219).

**Note:** Do not prepare a manual remittance advice.

### PROCESSES COMMON TO BOTH AUTO AND MANUAL ORF REPLENISHMENT CLAIM SCHEDULES

1. The preparation and assembly of the ORF Replenishment Claim Schedules will be the same as the current claim schedule process, with the exception that no RAs are required. An RA envelope should **not** be bound to the claim schedule package.
2. CALSTARS will continue to produce system-generated TC 360 Posting of Claims Filed entries. TC 362s will continue to be generated from the CD 102 process. The payment activity will be displayed on the system generated reports from the automated CD 102 process.
3. SCO will electronically transfer funds directly into an agency's checking account and will reference the deposit on the Centralized Treasury Trust System Account Statement using the claim schedule number.
4. SCO will use a TC 48 transaction for recording ORF replenishment claim schedules and will display the TC 48 and the agency claim schedule number on the monthly Fund and Agency Reconciliation Reports. TC 48 will also display on the JE issued to record the transfer of funds into the agency's checking account.
5. Although SCO will transfer the funds directly to an agency's checking account, the agency will continue to record the deposit in CALSTARS. The JE issued in lieu of the warrant will be the source document for recording an ORF deposit. The JE number will be the ORF replenishment claim schedule number. Use the claim schedule number in the Current Document or LC Deposit field on the Transaction Entry Screen when recording the ORF deposit transaction (TC 178). The claim schedule number will appear in the receipt area of the H06, Cash Receipt and Disbursement Register report for use in the bank reconciliation.

If you have any questions, please call the HOTLINE at (916) 327-0100, CNET 467-0100 or your CALSTARS Analyst.

/s/Ken Lane  
Assistant Program Budget Manager

Attachments

STATE OF CALIFORNIA  
**CLAIM SCHEDULE**  
STD. 218 (Continuous) REV. 3-91)

PAYABLE FROM	FUND	SUB	FUND NAME				
	9999		AIR QUALITY REVOLVING FUND				
APPROPRI- ATION	AGENCY NO.		AGENCY NAME				
	9990		DEPARTMENT OF AIR QUALITY				
	YR OF STAT.	METH	REFERENCE/ITEM	SEQ	FFY	CHAPTER	STATUTES
	2004		999		04		SEC 999
	PURPOSE						
	SEC 999 AIR QUALITY CODE						

SCHEDULE NUMBER	
09999999	
AUDIT CODE	SCH. TYPE
PRINT WARRANT DATE	
ISSUE WARR. DATE (REQUEST)	

		CONTROLLER'S WARRANT NUMBER	
		DATE ISSUED (ACTUAL)	
(4)		SIGN.	CALC.
		PURCH.	CONTR.

That I am a duly appointed, qualified and acting officer of the herein named state agency, department, board, commission, office, or institution; that the within claim is in all respects true, correct, and in accordance with law; that the services mentioned herein were actually rendered and supplies delivered to the state agency in accordance with the contract and law; that authorizations for purchases have been duly obtained wherever required and that amount claimed and articles delivered comply therewith; that the amounts of any refunds to claimants indicated herein were received from the claimants; that the amounts of any overpayments indicated herein were received from the claimants; that the amounts of any expenditures indicated herein are all of the expenditures herein set forth are in accordance with the current budget allotments and provisions as approved by the Budget Division of the State Department of Finance, and that none of the expenditures are in excess thereof; that there has been full compliance with all provisions or restrictions in the budget act or any other appropriation relating to expenditures herein; that the claimants named herein are each entitled to the amount specified opposite their respective names and actually have been paid or will be paid as allow when warrant is received from the State Comptroller; that I have not given and the provisions of Sections 099-01, 099-02, 099-03, 099-04, 099-05, 099-06, 099-07, 099-08, 099-09, 099-10, 099-11, 099-12, 099-13, 099-14, 099-15, 099-16, 099-17, 099-18, 099-19, 099-20, 099-21, 099-22, 099-23, 099-24, 099-25, 099-26, 099-27, 099-28, 099-29, 099-30, 099-31, 099-32, 099-33, 099-34, 099-35, 099-36, 099-37, 099-38, 099-39, 099-40, 099-41, 099-42, 099-43, 099-44, 099-45, 099-46, 099-47, 099-48, 099-49, 099-50, 099-51, 099-52, 099-53, 099-54, 099-55, 099-56, 099-57, 099-58, 099-59, 099-60, 099-61, 099-62, 099-63, 099-64, 099-65, 099-66, 099-67, 099-68, 099-69, 099-70, 099-71, 099-72, 099-73, 099-74, 099-75, 099-76, 099-77, 099-78, 099-79, 099-80, 099-81, 099-82, 099-83, 099-84, 099-85, 099-86, 099-87, 099-88, 099-89, 099-90, 099-91, 099-92, 099-93, 099-94, 099-95, 099-96, 099-97, 099-98, 099-99, 099-100, 099-101, 099-102, 099-103, 099-104, 099-105, 099-106, 099-107, 099-108, 099-109, 099-110, 099-111, 099-112, 099-113, 099-114, 099-115, 099-116, 099-117, 099-118, 099-119, 099-120, 099-121, 099-122, 099-123, 099-124, 099-125, 099-126, 099-127, 099-128, 099-129, 099-130, 099-131, 099-132, 099-133, 099-134, 099-135, 099-136, 099-137, 099-138, 099-139, 099-140, 099-141, 099-142, 099-143, 099-144, 099-145, 099-146, 099-147, 099-148, 099-149, 099-150, 099-151, 099-152, 099-153, 099-154, 099-155, 099-156, 099-157, 099-158, 099-159, 099-160, 099-161, 099-162, 099-163, 099-164, 099-165, 099-166, 099-167, 099-168, 099-169, 099-170, 099-171, 099-172, 099-173, 099-174, 099-175, 099-176, 099-177, 099-178, 099-179, 099-180, 099-181, 099-182, 099-183, 099-184, 099-185, 099-186, 099-187, 099-188, 099-189, 099-190, 099-191, 099-192, 099-193, 099-194, 099-195, 099-196, 099-197, 099-198, 099-199, 099-200, 099-201, 099-202, 099-203, 099-204, 099-205, 099-206, 099-207, 099-208, 099-209, 099-210, 099-211, 099-212, 099-213, 099-214, 099-215, 099-216, 099-217, 099-218, 099-219, 099-220, 099-221, 099-222, 099-223, 099-224, 099-225, 099-226, 099-227, 099-228, 099-229, 099-230, 099-231, 099-232, 099-233, 099-234, 099-235, 099-236, 099-237, 099-238, 099-239, 099-240, 099-241, 099-242, 099-243, 099-244, 099-245, 099-246, 099-247, 099-248, 099-249, 099-250, 099-251, 099-252, 099-253, 099-254, 099-255, 099-256, 099-257, 099-258, 099-259, 099-260, 099-261, 099-262, 099-263, 099-264, 099-265, 099-266, 099-267, 099-268, 099-269, 099-270, 099-271, 099-272, 099-273, 099-274, 099-275, 099-276, 099-277, 099-278, 099-279, 099-280, 099-281, 099-282, 099-283, 099-284, 099-285, 099-286, 099-287, 099-288, 099-289, 099-290, 099-291, 099-292, 099-293, 099-294, 099-295, 099-296, 099-297, 099-298, 099-299, 099-300, 099-301, 099-302, 099-303, 099-304, 099-305, 099-306, 099-307, 099-308, 099-309, 099-310, 099-311, 099-312, 099-313, 099-314, 099-315, 099-316, 099-317, 099-318, 099-319, 099-320, 099-321, 099-322, 099-323, 099-324, 099-325, 099-326, 099-327, 099-328, 099-329, 099-330, 099-331, 099-332, 099-333, 099-334, 099-335, 099-336, 099-337, 099-338, 099-339, 099-340, 099-341, 099-342, 099-343, 099-344, 099-345, 099-346, 099-347, 099-348, 099-349, 099-350, 099-351, 099-352, 099-353, 099-354, 099-355, 099-356, 099-357, 099-358, 099-359, 099-360, 099-361, 099-362, 099-363, 099-364, 099-365, 099-366, 099-367, 099-368, 099-369, 099-370, 099-371, 099-372, 099-373, 099-374, 099-375, 099-376, 099-377, 099-378, 099-379, 099-380, 099-381, 099-382, 099-383, 099-384, 099-385, 099-386, 099-387, 099-388, 099-389, 099-390, 099-391, 099-392, 099-393, 099-394, 099-395, 099-396, 099-397, 099-398, 099-399, 099-400, 099-401, 099-402, 099-403, 099-404, 099-405, 099-406, 099-407, 099-408, 099-409, 099-410, 099-411, 099-412, 099-413, 099-414, 099-415, 099-416, 099-417, 099-418, 099-419, 099-420, 099-421, 099-422, 099-423, 099-424, 099-425, 099-426, 099-427, 099-428, 099-429, 099-430, 099-431, 099-432, 099-433, 099-434, 099-435, 099-436, 099-437, 099-438,

REPORTABLE PAYMENTS PER S.A.M. 8422.19	
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SIGNED	TITLE	DATE	AMOUNT
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STATE OF CALIFORNIA  
**REPLENISHMENT CLAIM SCHEDULE**

STD. 219 (Treasury Trust) REV. 2-04)

**TC - 48**

(DO NOT WRITE IN THIS SPACE)

Date Filled

[illegible]

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AUDIT CODE	
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SCH. TYPE
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**AGENCY CHECKING ACCOUNT NUMBER 999**

(I)

~~JE TRANSACTION DATE~~

LINE NO.	INFORMATION	AMOUNT
	<p><b>REPLENISHMENT CLAIM</b></p> <p><b>REVOLVING FUNDS CHECKS ISSUED</b></p>	<p><b>125, 110.00</b></p>

SIGN.	
-------	--

CALC.

	PURCH.
--	--------

CONTR.
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CORRECTIONS ENTERED

**I hereby certify under penalty of perjury as follows:**

TOTAL OF  
SCHEDULE

125, 110.00

	AUDITED
--	---------

	APPR. PAY
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F/A BAL. OK
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That I am a duly appointed, qualified and acting officer of the herein named state agency, department, board, commission, office, or institution; that the within claim is in all respects true, correct, and in accordance with law; that the services mentioned herein were actually rendered and supplies delivered to the state agency in accordance with the contract and law; that authorizations for purchases have been duly obtained wherever required and that amount claimed and articles delivered comply therewith; that the amounts of any refunds to claimants indicated herein were received from such claimants by the herein named agency in excess of that legally due under the law, or are otherwise lawfully due such claimants; that the herein named agency has set aside the amount of such refund and is holding the same in trust for the claimants; that the herein named agency of the State Department of Finance, and that none of the expenditures are in excess thereof; that there has been full compliance with all provisions or restrictions in the budget act or any other appropriation relating to expenditures herein; that the claimants named herein are each entitled to the amount specified opposite their respective names and actually have been paid or will be paid as allow when warrant is received from the State Controller; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code, in incurring the item of expenditure herein and in making the within claim; and that I was duly sworn to and subscribed to the foregoing for the compensation or reimbursement for expenses incurred is claimed herein as, if required by law, taken, subscribed, and filed the oath set forth in Section 1033 of the Government Code."

**SIGNED**

**TITLE**

DATE
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APPROVED (IF REQUIRED)